

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER BARNES FAMILY CARE HOME #2/HERBERT R	STREET ADDRESS, CITY, STATE, ZIP CODE 1006 CORBETT AVENUE WILSON, NC 27896
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on June 4, 2015 from 11:35 AM to 12:50 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 6, 2001 as a Family Care Home for five ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1992 Family Care Homes Rules T10: 42C, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 (1999 Revision) North Carolina State Building Code - Section 419.2 - Residential Care Homes.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based of review of records, the last fire inspection was conducted on May 28, 2014. The facility is due for its annual fire inspection. Contact the local Fire Official to conduct the annual inspection. Provide a copy of the approved Fire Inspection Report to</p>	C 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 117	Continued From page 1 DHSR/Construction Section.	C 117		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Observations revealed that the exhaust fan in Bathroom #1 had an accumulation of dust built up in the vents. Clean the fan so that it works properly. Provide photo verification of the correction. 2. Observations revealed damage to the kitchen ceiling in the corner by Bedroom "C." The ceiling is cracked and it appears that attempts were made to correct the damage by using a foam filler material that is unsightly. Have a qualified person determine the source of the damage and make the necessary repairs. Provide documentation of the repairs. 3. Observations revealed that repairs were made to the front porch support. The wood has not been painted. Provide verification of the completed repairs. 4. Observations revealed that the awnings on the front of the facility had a build-up of a black residue. Have the awnings cleaned. Provide verification of the repairs. 	C 174		

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C 174	Continued From page 2 5. Observations revealed that the gutters along the back of the facility had an accumulation of debris from the trees. Have a qualified person clean the gutters. Provide documentation of the correction.	C 174		